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POLICY REVIEW

HEALTH STRATEGY FOR UNICEF

SUMMARY

Revised at the request of the Executive Board at its third regular session of 1994, the present report has been prepared in response to Executive Board decision 1992/22 (E/ICEF/1992/14), which requested UNICEF to elaborate further on its health strategy in the context of community-focused health sector development. It also responds to guidance provided by delegations to the Board (see E/1994/34/Rev.1, E/ICEF/1994/13/Rev.1, paragraphs 466-477), follows a process of consultation with countries and major international partners of UNICEF in health, and reflects the findings of the 1992 multi-donor evaluation of UNICEF in the health and nutrition sectors.

Improving the health and nutrition of the world's children has been a principal objective of UNICEF throughout its history. The past two decades have provided valuable lessons which serve as the basis for the present UNICEF health strategy. These include the importance of identifying clear priorities and of building technical and political consensus around time-bound goals as springboards for sustainable development; the importance of mobilizing political commitment and multisectoral action in advancing health objectives; the importance of taking programme actions to scale; the critical role of frequent, visible and participatory monitoring at multiple levels in sustaining health partnerships; and the importance of evaluation and operations research efforts in guiding the direction of health action.

The reduction of infant, child and maternal mortality are the overarching goals of UNICEF in health. The World Health Assembly provides the policy framework in which these and supporting goals are approached. The role of UNICEF has been to operationalize and advance those World Health Assembly policies of greatest significance to the health and well-being of children. This has been pursued in close collaboration with the World Health Organization (WHO) and as a part of a global partnership for health in support of the efforts of national Governments.

* E/ICEF/1995/20.

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The UNICEF approach to health places the family and the household at the centre of health action and the child at the centre of the family. It is guided by the Plan of Action of the World Summit for Children and the Convention on the Rights of the Child, which describes the obligations of States Parties and of parents to provide access to information, education and essential services for children so that they may enjoy the highest attainable standard of health. UNICEF contributes to this effort by helping to strengthen countries' capacities in health monitoring, health promotion and essential health services within the primary health care (PHC) approach. The present report discusses how these strategies are adapted and applied in diverse situations from the household to the global levels and in country situations ranging from states of emergency to those with strong economies and functioning health services. It also emphasizes the complementarity between broader UNICEF advocacy which addresses a range of child, adolescent and women's health issues, and the more selective and strategically focused programme support priorities within specific countries. Throughout, the country programming approach will require strengthening in order to better determine what programme support can be most catalytic in helping to achieve national health goals in a way that contributes to sustainable capacity development.

The implications for UNICEF of the proposed health strategy also are described. These include the strengthening and rationalization of the organization's core technical capacity, a substantially increased emphasis on strengthening technical partnerships and coordination with WHO and other international and bilateral agencies, refinements in situation analyses, strengthened information and operations research capacities required to guide programming and partnership processes, and increased flexibility in supply and financial operations to better service programme objectives.

A draft recommendation for Executive Board approval is contained in paragraph 108 of the present report.

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I. BACKGROUND

1. In its decision 1992/22 (E/ICEF/1992/14), the Executive Board requested UNICEF to elaborate further on its health strategy in the context of community-focused health sector development. An initial report (E/ICEF/1994/L.6) was prepared and discussed at the third regular session of 1994. Revised at the request of the Executive Board at that session, the present report responds to guidance provided by Board delegations (see E/1994/34/Rev.1, E/ICEF/1994/13/Rev.1, paragraphs 466-477) and follows a process of consultations with countries and major international partners of UNICEF in health.

2. The present report is part of a recent series of strategy papers, the first of which was on nutrition (E/ICEF/1990/L.6), followed by reviews on primary environmental care (E/ICEF/1993/L.2), gender equality and empowerment of women and girls (E/ICEF/1994/L.5 and Add.1), basic education (E/ICEF/1995/16), and water and environmental sanitation (E/ICEF/1995/17 and Corr.1). A number of reports on more specific health issues have been reviewed by the Executive Board in recent years (see annex I). A separate report on UNICEF follow-up to the International Conference on Population and Development (ICPD) (E/ICEF/1995/12/Rev.1) also is being submitted to the Executive Board at the present session. Taken together, these complementary programme strategies will guide UNICEF in the 1990s and beyond.

3. UNICEF efforts in health are undertaken within the framework of international health policies and strategies adopted by the World Health Assembly. They seek to advance the objectives of the World Health Organization (WHO) and its member countries in the attainment by all peoples of the highest possible standards of health, recognizing it as one of the fundamental rights of every human being. They are pursued within the spirit of the United Nations General Assembly resolution 36/43 (19 November 1991) concerning the Global Strategy for Health for All by the Year 2000 which requested "all appropriate organizations ... to collaborate fully with the World Health Organization in carrying out the Global Strategy". They are consistent with the WHO Ninth General Programme of Work, 1996-2001 (resolution WHA47.4), which defines the policy framework for world action during that period, as well as with other WHO resolutions of direct relevance to the health of children, adolescents and women (see annex II).

4. Remarkable progress has been made in the reduction of child mortality in the past 30 years. In developing countries, infant and child mortality fell by an average of 2 per cent per year in the 1960s, by over 3 per cent in the 1970s and by over 5 per cent in the 1980s. For the developing countries as a whole, total child deaths (0-4 years of age) stood at approximately 13 million in 1990 compared to 15 million in 1980. Allowing for population growth, this is a reduction of some 5 million in the number of children who would have died in 1990 if the 1980 under-five mortality rate had still prevailed.

5. Despite such progress, communicable diseases such as malaria, diarrhoea, pneumonia and measles remain widespread, especially in sub-Saharan Africa. There, the rate of loss of productive life years due to premature death and disability is more than double the world average. 1/ While sub-Saharan Africa accounts for 18 per cent of the world's under-five population, it accounts for 35 per cent of the under-five deaths.

1/ The 1993 World Development Report cited WHO and World Bank estimates of the "global burden of disease", which is calculated by adding in terms of disability adjusted life years (DALY).

6. Demographic and epidemiological transitions taking place in developing countries are bringing additional health challenges to the forefront. Non-communicable diseases and health problems arising from substance abuse, violence, accidents and environmental hazards are becoming recognized health problems in a growing number of developing countries. For example, by the year 2005, deaths attributable to smoking in developing countries and countries in transition are expected to be double the 1990 figure of 1.7 million. The HIV/AIDS pandemic presents an unprecedented danger to children's and women's health that threatens to reverse the progress made in health during the last decades in some countries. A new focus on young women and adolescents entering reproductive age is now required to address the AIDS pandemic as well as the negative health effects of early pregnancy, substance abuse, violence and other intergenerational factors on the survival and development of infants and children.

A. Global health partners

7. Throughout the developing world, countries are supported in their efforts to improve maternal and child health (MCH) by an alliance of partners active in the health sector. UNICEF support within the health sector is a small but strategic component of this global effort. It is focused on increasing political will, building multisectoral partnerships and mobilizing communities and societies in addressing child and maternal health. 2/ This global partnership includes WHO, the World Bank, the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP) and UNICEF, as well as bilateral development organizations and regional banks, international and national foundations and non-governmental organizations (NGOs). In addition to providing financial assistance, these development partners influence policies and priorities by bringing international experience to national efforts, supporting the strengthening of skills and the application of new technologies, and promoting catalytic activities.

8. WHO is a vital partner for UNICEF in the development of its health strategy. The two main functions of WHO are global leadership in the coordination of international health work and technical cooperation with countries. These are complementary and include advocating for measures to improve health, stimulating and mobilizing specific health action and assembling information; developing norms and standards, plans and policies; training; promotion, support and priority setting in research; direct technical consultation; and resource mobilization. In all health programme areas in which it is involved, UNICEF relies on WHO for authoritative technical guidance, as well as an increasingly operational partnership in programme design, monitoring and evaluation. The two agencies enjoy a close working relationship at global and regional levels and through a worldwide network of WHO collaborating centres. Along with other partners, they seek to provide complementary assistance to countries consistent with countries' own priorities and within their national health development plans. The UNICEF/WHO Joint Committee on Health Policy, comprised of Executive Board members from each organization, helps to guide the two agencies as to the types of health programmes which should most appropriately receive their complementary or joint support.

9. UNFPA is a longstanding partner of UNICEF in the area of MCH and family planning. The outcomes of ICPD offer further opportunities for collaboration between UNFPA and UNICEF as they highlighted the need for increased attention to the health of women and adolescents and to view family planning in the broader context of reproductive health. ICPD recognized that sustainable development can only be achieved through holistic, human-centred development

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2/ Notwithstanding important distinctions, for the purposes of this discussion nutrition is encompassed within health.

and, in particular, through the empowerment of women and the provision of primary health care (PHC) and basic education, all of which are central UNICEF concerns.

10. UNDP, with its human development focus, is an important member of the global health partnership and contributes to both the health and development policy dialogue, as well as to a number of inter-agency health programmes and initiatives. At the country level, it plays a critical coordination role in supporting the United Nations resident coordinator system and in the preparation of the "country strategy note", in which UNICEF actively participates.

11. The World Bank is the largest external financier in the health sector. Along with the regional development banks, its actions influence national health sector investments and policies, providing guidance in the redirection of public expenditure and the mobilization of adequate national resources for priority health objectives. In an increasing number of countries, UNICEF serves as an implementation partner in health sector activities financed by the World Bank and regional development banks.

12. The United Nations Department of Humanitarian Affairs (DHA) and the Office of the United Nations High Commissioner for Refugees (UNHCR) are the lead agencies for coordinating the United Nations response in emergency and refugee situations where meeting basic health needs is one of the highest priorities. As the number and scope of emergencies have increased, so has UNICEF collaboration with these and other partners involved in the emergency health response.

13. Bilateral donor organizations contribute significantly to health sector development, both directly and through multilateral channels, and are important partners for long-term cooperation. They play an essential role in mobilizing national technical capacities and making them available to international development partners, including UNICEF.

14. NGOs are also long-standing global health partners, both at national and international levels. In most countries, national and local NGOs are important partners in advocating for children and women, promoting health and providing essential health services. Many international NGOs are active in child health initiatives and have become increasingly important partners for UNICEF in recent years.

B. Financial resources for health

15. Every society is struggling between the desire to have access to a growing array of modern medical technology, the moral imperative to provide universal access to services and the reality of limited resources. The UNICEF health strategy is formulated in light of this search for quality, equity and cost-effectiveness as well as in the realism of existing financial resource allocations for health. According to the 1993 World Development Report: Investing in Health, estimated total expenditure on health in developing countries in 1990 was some $170 billion, of which external assistance accounted for only 3 per cent, or some $4.8 billion. On a per capita basis, developing countries spend an average of approximately $40 per year on health, $1 of which comes from external sources. However, this global average obscures important regional differences. In contrast to the 3 per cent global average, external aid to the health sector in sub-Saharan Africa (excluding South Africa) during 1990 comprised an average of 20 per cent, and in several countries as much as one half of all health expenditures.

16. Total external aid to the health sector as a proportion of total official development assistance declined from 7 per cent during 1981-1985 to 6 per cent during 1986-1990. Estimates of external aid to health in 1990 and 1995 are shown in table 1 below. Much of the external assistance in health is earmarked

for hospital construction and high-tech equipment rather than to meet the high priority health needs of children and women. There is a need for greater allocable efficiencies in both external assistance and national budgets in effecting more cost-effective approaches to public health. In this connection, the 20/20 approach (at least 20 per cent of the national budget and at least the same ratio of external assistance being devoted to essential basic services, including PHC) is relevant for ensuring the adequacy of resources for health. UNICEF expenditures for 1986 and for 1990-1994 in both development assistance and emergency assistance in health and nutrition, as well as those of other global health partners, are shown in table 2 below.

Table 1. External assistance and cooperation in health, 1990 and 1995 (projected)

	1990		1995 (projected)	
	Millions of US dollars	Percentage of total	Millions of US dollars	Percentage of total
Bilateral agencies	1 913	39.9	2 031	33.3
Development banks	382	8.0	1 298	21.3
United Nations agencies (other than WHO and UNICEF)	638	13.3	754	12.4
UNICEF	251	5.2	202	3.3
WHO a/	712	14.9	920	15.1
Non-governmental organizations	830	17.3	830	13.6
Foundations	68	1.4	68	1.1
Total	4 794	100.0	6 103	100.0

Source: Adapted from World Bank 1993, World Development Report: Investing in Health.

a/ Includes total annual operating budget.

Table 2. UNICEF expenditure in health and nutrition

(In millions of United States dollars and percentage of total programme expenditure)

	1986		1990		1991		1992		1993		1994	
	$	%	$	%	$	%	$	%	$	%	$	%
Health	119	36.5	251	43.0	202	34.2	228	30.6	210	26.1	202	25.2
Nutrition	17	5.2	29	5.0	31	5.2	32	4.3	31	3.9	31	3.9
Emergencies (health and nutrition)	15 a/	4.6	23	3.9	57	9.6	82	11.0	104	12.9	94	11.7
Total	151	46.3	303	51.9	290	49.1	342	45.9	345	42.9	327	40.8

a/ Estimate based on 1990 distribution of 1986 totals.

C. The child survival and development revolution, the World Summit for Children and the Convention on the Rights of the Child

17. Since 1978, when WHO and UNICEF co-sponsored the International Conference on Primary Health Care, held at Alma-Ata, UNICEF has been increasingly more active in forging working partnerships with national Governments and other global health partners to develop and implement strategies to improve the health of children and women. During the early 1980s, UNICEF joined WHO in taking the lead in mobilizing the international community around a strategic set of low-cost, high-impact actions aimed at reducing the preventable deaths of children. This ambitious endeavour came to be known as the child survival and development revolution (CSDR). Building on societies' sense of moral responsibility for their children, CSDR helped to mobilize political will, used communication and social mobilization to raise awareness of child health problems and introduced proven technical interventions to address them on a wide scale. CSDR efforts to promote growth monitoring, oral rehydration, breast-feeding, immunization, family spacing and food security (known as GOBI-FF) became a cornerstone of UNICEF work in the health sector. Female education was soon added to the CSDR priorities. Bilateral support, especially from several key donors, for child survival action was of strategic importance for programme acceleration and effectiveness.

18. By the mid-1980s, universal child immunization (UCI) became the lead activity in UNICEF health programmes. The achievements of UCI helped to reorient health systems through awareness- and demand-creation, community outreach, multisectoral social mobilization and the engagement of high-level political support. UCI and other child survival interventions also helped to draw further attention to issues of sustainability and capacity-building, at national and community levels, and to the need to address many of the health needs of children from a solid base of viable health services. The Bamako Initiative, launched in Africa in 1987, was one important response to help revitalize PHC services through greater community involvement in the management and control of resources. With the worsening of the AIDS epidemic in the late 1980s and its stark impact on the mortality of children and their parents in some countries, UNICEF began expanding its support to activities in the area of reproductive health, with a particular focus on the prevention of sexually transmitted diseases (STDs) and HIV among adolescents.

19. The World Summit for Children in 1990 was a significant milestone in the development of the UNICEF approach to health. It followed a two-year process of priority-setting and consensus-building based on national and regional forums and global-level technical consultations among national, United Nations, international and bilateral technical agencies. This process, in turn, was built on a decade of efforts to strengthen epidemiologic capacities throughout the developing world, enabling improved assessment and monitoring of health status.

20. Emboldened in part by the dramatic progress of global immunization efforts, the international community identified a strategic set of technically achievable goals and targets in the health, nutrition, education and water supply and sanitation fields. Taken together, the goals encompassed the range of basic needs and charted a course for human development through the end of the decade. The cumulative impact of these multisectoral efforts envisages a dramatic reduction in infant, child and maternal mortality. The "overarching goals" of reducing infant and child mortality by at least one third and maternal mortality by 50 per cent are central to the development of the present UNICEF health strategy. Prior to the World Summit for Children, the common health goals for the year 2000 were established by the World Health Assembly and endorsed by the UNICEF Executive Board, as well as by major technical bodies and professional associations throughout the world. At the World Summit, they received the unequivocal endorsement of over 150 countries at the highest political level. Subsequently, UNICEF was charged by the United Nations General Assembly with specific responsibility for follow-up and monitoring of the implementation of the World Summit for Children Plan of Action. During the two years following the World Summit, many countries adopted a set of mid-decade goals as a means of setting the pace and direction of efforts required to achieve the objectives of the World Summit health goals and Plan of Action.

21. With its central focus on significant reductions in child and maternal mortality, the World Summit Plan of Action required a broadening of UNICEF objectives in its assistance to Governments and a further refinement of its strategies. As the number of objectives has increased, so has the need to rationalize strategies and increase the focus on the common antecedents and underlying causes of poor health among children, adolescents and women. The coming into force of the Convention on the Rights of the Child has helped to stimulate and guide that reshaping. The Convention articulates the right of children to enjoy the highest attainable standard of health. It goes further to describe actions required to achieve that right, including access to information, education and essential services. Included within the Convention are important provisions which recognize the intergenerational factors affecting health, the primacy of the role of parents and families in guiding child development, and the responsibilities of Government in supporting families in their efforts.

22. As envisaged in the World Summit Plan of Action, over 100 countries have prepared national programmes of action (NPAs), which include country-specific national goals and strategies for health. A large number of countries also are taking steps to prepare implementation plans at provincial, district and municipal levels. The NPAs have served in many instances as the basis for a dynamic ongoing process of preparing implementation plans, setting new priorities and targets in changing circumstances, and monitoring progress.

D. UNICEF lessons learned

23. In the past decade there have been many perceptible achievements in health, particularly through the UNICEF/WHO partnership. They include dramatic increases in immunization coverage; the reduction of neonatal tetanus and measles deaths; substantial progress towards the eradication of polio and guinea worm disease; the promotion of breast-feeding; an increase in the use of oral rehydration therapy (ORT) and a decline in diarrhoea deaths; rapid progress in

the control of iodine deficiency disorders; and the development of policies on eliminating other micronutrient deficiencies. Future efforts should build on and reinforce these achievements in countries' PHC programmes to ensure their sustainability. A number of important lessons remain valid for the future:

(a) Political commitment and social mobilization. Among the most important lessons of the 1980s is the great degree to which progress in health depends on action outside of the health sector. The personal involvement of national leaders in defining clear goals and objectives, reviewing progress and mobilizing public support has been critical to placing child health priorities high on the political agenda;

(b) Action on a national scale. Going to scale with action helps to generate its own momentum, creating further demand for action that helps to address issues of equity;

(c) Evaluation and operations research. In order to adapt programme efforts to changing circumstances, continuous monitoring, periodic evaluation and supportive operations research are essential complements to programme implementation;

(d) Attention to sustainability. If they are to be successful in the long run, goal-driven programmes should include an appropriate emphasis on political, financial, institutional and technological sustainability;

(e) National capacity-building. To be effective, programmes that address specific health goals should be designed and implemented in ways that contribute to the strengthening of the PHC system and evaluated on that basis. Similarly, the effectiveness of health systems development efforts should be judged in terms of the achievement and sustainability of their efforts against measurable objectives on a significant scale;

(f) Flexibility. A critical factor in helping to assure achievement of health objectives is maintaining flexibility in the provision of assistance, thereby enabling the mid-course corrections required to capitalize on unanticipated opportunities and respond to unforeseen difficulties.

II. CONCEPTUAL OVERVIEW

24. The health of a child cannot be addressed in isolation. The family is both the immediate environment of the young child and the child's principal caregiver. The health, behaviour, education and socio-economic status of parents - before, during and after pregnancy - have a powerful influence on the health and development of the child. For those reasons, UNICEF views the family and the household as the centre of health action and the child as the centre of the family.

25. The most important decisions affecting preventable morbidity and mortality among children are taken in the household. It is in the family where the importance of hand-washing, breast-feeding and the use of ORT must be understood and practised. The timely use of health care services, the adoption of behaviour that prevents the transmission of HIV/AIDS and other STDs and enables family planning, the adoption of appropriate feeding practices and the improvement of household and community physical environment all require a greater knowledge of health within the family and the motivation and resources to act.

26. Fathers, mothers, siblings and other household members each have particular roles in improving family health. Heads of households have a critical role in establishing health as a household priority, in ensuring that adequate resources are allocated to address family health priorities, in

continuously monitoring their family's health and in setting an example for healthy behaviour. Women generally function as the principal providers of home health care for the entire family and the most frequent interlocutors with the health system. Adolescents often play a transitional role within the family. As older siblings, they play an important role as caregivers and role models for younger children. As young adults, they are beginning to make independent decisions about their own health and are in the process of forming lasting attitudes and adopting behaviour that will influence their health and the health of their future children. Finally, children themselves, especially those attending school, often serve as health advocates and educators on basic health issues within the family.

27. UNICEF views health empowerment as the ability to make informed health decisions and to act on them. The more motivated and informed members of a family are, the more likely they are to make the best choices from among the health behaviour, disease prevention and treatment options available to them. Because women play such a central role in household health, their active participation in health sector decision-making processes is particularly critical to their own health and the health of their families. Promoting the rights and improving the status of women in society will enhance their ability to make informed decisions regarding health and to take appropriate action.

28. Immediate causes of morbidity and mortality include specific diseases, inadequate dietary intake and injuries. Underlying causes of morbidity and mortality include the lack of essential health services, insufficient household food security and unhealthy behaviour and practices. 3/ Factors beyond the health sector are as critical to health as those within the sector. One of the most significant factors is the political priority attributed to the status of children, adolescents and women within a given setting. The greater the value placed on their health and development, the more likely steps will be taken towards healthier practices.

29. Economic and social status are among the most difficult factors to address and yet among the most critical in determining health. While poverty has an important impact on health, enlightened national health policies, healthy family and community values, and healthy practices make it possible to attain good health even in the presence of relative poverty. Poverty alleviation strategies that seek to raise family income as well as to improve basic social services can be especially effective in improving health in a sustainable manner. Socially separating features such as caste, ethnicity, tribe and even geographic location are important determinants of health. The lack of progress in social factors is a serious barrier to improving health status.

30. Political organizations also substantially determine the capacity for individual and collective health decision-making, both in terms of who participates and how informed and equitable decision-making is. The way in which a community is organized and the extent to which the public sector serves as an agent of equity affects the options that are available to families. Household health options also are affected by societal attitudes towards vulnerable groups and the extent to which these groups are organized and can impact on the political process.

31. Physical environment is a powerful determinant of health. Access to adequate water, sanitation, shelter, arable land and clean air, coupled with sustainable management of natural resources, affect people's ability to achieve and maintain good health.

3/ For the purpose of this discussion, inadequate maternal and child care, described in the nutrition strategy as an underlying cause, is encompassed within "unhealthy behaviour and practices".

32. UNICEF seeks to address the basic socio-economic causes of poor health on a multisectoral basis through its partnership with Governments, the United Nations and other international agencies, the development banks, bilateral development agencies, foundations and NGOs. With its direct programme interventions, UNICEF provides support to extend universal primary education, expand the availability of potable water supplies and improve primary environmental care and access to resources, which can contribute to household food security. Through its advocacy, UNICEF raises awareness about the situation of children, reinforces political will for action, influences policies and helps to establish a moral environment that puts the well-being of children high on the political agenda.

III. IDENTIFYING PRIORITIES AND ESTABLISHING COMMON GOALS

33. Within the health sector, UNICEF efforts to promote and protect health address a wide range of health problems. The priority given to a specific health problem in a particular setting depends on its relative contribution to the disease burden of children, adolescents and women, as well as its responsiveness to technically feasible and socially practical interventions.

34. Notwithstanding regional and local differences in many developing countries, approximately 80 per cent of preventable mortality in children under five years of age, or about 9 million deaths annually, are due to six immediate causes, including acute respiratory infections, perinatal problems, diarrhoeal diseases, measles, malaria and malnutrition. Along with preventable STDs and complications of early pregnancy, these are also among the major causes of morbidity and mortality among adolescents. Asphyxia and sepsis are major preventable causes of death and disability in the newborn. The substantial majority of maternal deaths can be attributed to five principal immediate causes which include haemorrhage, sepsis, complications of abortion, hypertensive disorders of pregnancy and obstructed labour. As such, these major immediate causes of preventable morbidity and mortality must necessarily be at the top of UNICEF priorities.

A. Continuing priorities

35. UNICEF remains committed to assisting Governments in their efforts to address these major preventable causes of morbidity and mortality among children and mothers, working in close partnership with WHO. Achievement of the World Summit for Children goals for the year 2000, with attention to child survival actions, will continue to be given a high priority in UNICEF programmes of cooperation and advocacy.

36. Immunization efforts will continue to focus on reaching and sustaining high coverage levels and on eliminating neonatal tetanus, controlling measles and eradicating polio. This will require improving the quality of services, ensuring safe injection practices, assisting with national self-sufficiency in the provision and quality assurance of vaccines, and supporting improved disease surveillance, monitoring and evaluation. Greater emphasis will be placed on extending immunization efforts and integrating them with a broader set of outreach services. UNICEF efforts in polio eradication will focus on strengthening disease surveillance, identifying high-risk and hard-to-reach populations, and enhancing measles control and neonatal tetanus elimination. UNICEF also will undertake to more actively assist national programmes with the introduction of Hepatitis B vaccine and eventually other new and improved vaccines against respiratory and diarrhoeal diseases and malaria as they become affordable for large-scale application.

37. UNICEF will continue to emphasize breast-feeding and other sound nutritional practices, hand-washing and appropriate sanitation practices as a part of efforts to reduce the incidence of diarrhoeal diseases. Intensified

efforts to promote ORT and its proper usage for the treatment of diarrhoeal diseases will continue. The household prevention of malaria will be assisted through expanded support to the distribution of impregnated mosquito bed-nets and measures to reduce mosquito breeding around the household.

38. Continued emphasis will be placed on the rationalization of case management approaches to sick children, particularly pneumonia, diarrhoea, measles and malaria. UNICEF support will emphasize early case detection and referral by families and community health workers (CHWs), strengthened technical capacities of health workers in syndromic approaches to diagnosis and therapy, and improved secondary referral. UNICEF also will continue to assist those countries requiring support to ensure the availability of safe and affordable essential drugs.

39. UNICEF will continue to place a high priority on addressing the major causes of preventable disability in children, including iodine and vitamin A deficiency, respectively the major preventable causes of mental retardation and blindness among children. Together with other partners, UNICEF will support global efforts to eradicate dracunculiasis (guinea worm disease), while utilizing these efforts for extending health outreach activities to remote and at-risk populations. Where they exist as significant public health problems, UNICEF will assist other partners in their efforts to prevent blindness due to onchocerciasis, disability due to leprosy, and the serious health consequences of other preventable and disabling disease, such as tuberculosis.

B. Emerging priorities

40. Changing epidemiology and demographies in countries throughout the world have highlighted the urgent need to focus greater attention on the health of adolescents and women, including their reproductive health. Important in its own right, the health of adolescents and women have a significant impact on child survival, health and development. ICPD has underscored the intimate link between women's education and status in society; their access to essential health services, family planning information and services; their reproductive health and the health of their children. The ICPD Programme of Action provides guidance and new urgency to strengthening UNICEF efforts in safe motherhood, including family planning, STD and HIV/AIDS prevention; basic education, especially for girls; and the promotion of gender equity and the empowerment of women and girls. UNICEF will continue to collaborate with UNFPA in its lead role in coordinating follow-up to ICPD and with WHO in its lead technical role in reproductive health. The report on the role of UNICEF in follow-up to ICPD (E/ICEF/1995/12/Rev.1) offers additional guidance for UNICEF action.

Women's health

41. UNICEF efforts to assist countries in their efforts to achieve the World Summit for Children goal for the reduction of maternal mortality will be guided by the principles articulated in the ICPD Programme of Action. UNICEF advocacy will focus on the underlying social conditions which influence women's health. Along with global and national partners, UNICEF will provide assistance to the development of national plans of action required to mobilize resources for the prevention and treatment of the complications of pregnancy. Where required to help rationalize medical practices, UNICEF will work closely with WHO and provide support to national commissions on safe delivery. Efforts will seek to expand the capacity of women's organizations to promote the prevention of HIV/AIDS and other STDs as well as informed and responsible planning of family size and spacing of births free of coercion. Related efforts will seek to further involve women's organizations in promoting safe delivery planning at the household level. At the community level, emphasis will be placed on strengthening the partnership between women's organizations and the health sector in assessing and addressing maternal risk, financing essential obstetric care and monitoring the life-threatening complications of pregnancy.

42. Within the health sector, UNICEF inputs will be focused in areas of comparative advantage and mandate, particularly in information, education and communication. UNICEF programming assistance will include reproductive health promotion, specifically family planning, STD prevention and treatment, and prenatal care along with post-natal newborn and maternal care. It will include improving the skills and deployment of nurse midwifes and expanding access to essential obstetric care, including the upgrading of obstetric care facilities in first-referral hospitals. UNICEF support to improving access to family planning information as an important intervention towards improving MCH will be carried out in cooperation with WHO and UNFPA.

Youth health

43. The health and development of adolescents have a significant impact on their health as adults, on their capacity to be caring parents and on the health of their children. UNICEF programme cooperation in adolescent health will focus on a cluster of health problems that have common antecedents, interact with one another in terms of cause and effect, and contribute significantly to child and maternal mortality. Most important among these are early and unsafe sexual activity, substance abuse, poor nutrition and violence. The principal emphasis will be on the promotion of informed and responsible decision-making and health action, and on the creation of an enabling environment to discuss and support these actions. Together with others, UNICEF will promote the development of national youth health coalitions as a part of mobilizing partners for situational analyses, planning and action. Programme assistance will focus on working with schools, teachers and parents to develop school health programmes, including skills-based health education; working with health systems to provide youth-friendly services; and working with youth organizations to incorporate health promotion into their programmes and team-building activities. Increased emphasis will be placed on addressing the health needs of youth in especially difficult circumstances, including occupational health hazards.

C. Establishing common goals

44. The most substantial contribution of UNICEF in the health sector has been when it has served to build and facilitate strategic partnerships around high priority health goals adopted by the international community. Clearly articulated, common goals have proven to be essential for fostering the high degree of collaboration among the many independent but mutually reinforcing efforts required to effect social action for health on a broad scale. Commitment to feasible, time-bound goals brings about a sense of urgency and synergism among partners. Common goals also provide a focus for advocacy, an opportunity to mobilize new resources and pressure to shift resources to higher priority undertakings. Ideally, goal-setting processes should exist at all levels and should be guided by a situation analysis of the immediate and underlying causes of ill-health. Practically, these processes often need to reconcile locally identified needs with nationally set priorities based on what are epidemiologically relevant, technically sound, economically affordable, culturally sensitive and politically acceptable measures for promoting health action on a large scale.

45. Global goals. Certain goals, such as the reduction of infant, child and maternal mortality, have universal relevance and applicability regardless of culture, economic state or political system. In the health sector, global goals are established by the World Health Assembly and help to define the minimal standards which the international community is capable of achieving within reasonable technical and financial resource limitations. The tension that sometimes exists between the global goals and national needs and objectives can be a creative one. Global goals help to mobilize political will and serve to stimulate partnership-building and goal-setting processes at other levels. The establishment of numerical targets by nations, regions and communities can help to translate ambitious global goals into realistic objectives provided they take

into account the relevant differences in various settings. The choice and mix of strategies to achieve even a universally applicable goal may vary considerably in different settings based on community epidemiology, existing cultural and behavioural practices, available resources and infrastructure.

46. Disease eradication goals. The especially rare opportunity to effect the global eradication of a disease presents a special set of circumstances. Paradoxically, efforts to eradicate a disease require greater energy and commitment as the disease becomes a less important threat to public health. Despite the international political will they can mobilize, disease eradication goals rarely appear among local priorities. To strike a balance between local priorities and global benefits, eradication efforts can and should emphasize those strategies that reinforce other national health priorities while simultaneously addressing the disease to be eradicated. The global economic benefits of eradicating a disease also should be well appreciated by the global partnership and taken into consideration in extending to developing country efforts the substantial international cooperation they may require as part of a global eradication effort.

IV. OPERATIONAL FRAMEWORK FOR HEALTH SECTOR ACTION

47. The implementation strategies developed at national and local levels will determine the extent to which health sector actions addressing the priorities described above will either effectively reinforce one another or, alternatively, result in the overextension of available capacities. Increasingly, UNICEF will seek to address both continuing and emerging health priorities in a more integrated manner through mutually reinforcing approaches intended to strengthen health promotion, essential health services and health monitoring capacities. These cross-cutting strategies seek to harmonize and integrate similar elements of intervention-specific strategies in order to focus resources on common antecedents and underlying causes. They complement specific disease control approaches and seek to guide efforts to achieve health goals in ways that empower families and communities, build local and national capacity, and contribute to sustainable development. Throughout, the ranking of priorities and selection of specific strategies are best determined with local partners from situational analyses and through the country programming process. Within any specific country, the priorities receiving UNICEF support will necessarily be less comprehensive than listed above, and UNICEF-supported action will necessarily be more narrowly focused than described below. Nevertheless, this framework provides a basis for the consolidation and integration of UNICEF support efforts in the health sector globally.

A. Health promotion

Overview

48. There is a direct and profound linkage between health behaviour and health status. Much of the preventable morbidity and mortality in both the industrialized and developing world can be addressed and mitigated substantially by healthy behaviour. Immunization status, diarrhoeal and other communicable diseases, nutritional status, reproductive health and injury prevention are all substantially influenced by people's behaviour.

Principles for effective action in health promotion

49. The principal determinants of health behaviour include a supportive family and social environment, access to accurate and appropriate information, personal skills and peer support. Health promotion efforts seek to enable individuals and families to make more informed health decisions and to act on them. These elements are described within the framework of the 1986 Ottawa Charter for Health Promotion.

50. Healthy public policy. Individual health behaviour is intimately linked to community and societal values and practices. Laws, policies and influential social institutions play a critical role in ensuring that societal values and practices create a positive social environment for achieving good health. The promotion of healthy public policy includes the identification of policies that limit the ability of individuals or families to make healthier choices, the identification of obstacles to the adoption of healthy public policies in non-health sectors and informed advocacy for policy alternatives. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women can be especially helpful in guiding the development of healthy public policy and in identifying sensitive solutions to potentially controversial issues in changing or reinforcing certain types of health behaviour.

51. Health information. There is broad agreement on the need to assure that all families have access to the essential health information required to prevent or effectively respond to major threats to health. Families require continuous access to information and learning opportunities to reinforce and update information required for healthier decision-making. This includes knowledge of a healthy household physical environment, preventive health practices and informed demand-creation for high-impact preventive interventions. Home health care information enables families to treat common health conditions once they are presented, while informed health-seeking behaviour enables timely referral to the health system when it is required.

52. Personal skills. Simply assuring that individuals know what constitutes healthy behaviour does not guarantee that they will either want or are able to adopt that behaviour. Personal skills reinforce an individual's self-esteem, confidence and ability to take appropriate action. They include skills in communication, negotiation and decision-making. While personal skill development is a priority throughout life, it is particularly critical in adolescence where so many decisions of life-long consequences are made, often with incomplete information and little support.

53. Supportive environment. Family and peer support can enhance self-esteem and reinforce attitudes and practices which promote health. Parents and families play a primary role in promoting a supportive environment for health, but often are not provided the information and other support they may require. This interpersonal environment can provide both the motivation to change behaviour as well as the support and encouragement to maintain healthy behaviour. The media also can have a significant influence on the interpersonal environment in which health decisions are made. Partnerships between health advocates, community leaders and the media can help to ensure that this influence is a positive one for public health.

54. Reorienting health services. From the basic health unit to the national level, the health sector must place a greater emphasis on its health promotion function. Health service workers and policy makers have an important role to play in making services responsive and sensitive to the needs of clients. In addition to its role in direct contact with the public and with policy makers, the health sector also can be effective in building partnerships with others better placed for influencing behavioural practices and extending access to essential health information and services.

UNICEF action in health promotion

55. The principal objective of UNICEF in health promotion is to encourage, enable and reinforce those individual, family and societal behaviours most critical to improving the health of children, adolescents and women. This is approached primarily through efforts intended to strengthen family and community action in identifying health priorities and acting on them to achieve better health. In addition to the efforts of the health sector, UNICEF support

emphasizes the health promotion and community action efforts of the education sector, women's and youth organizations, religious institutions, professional associations, service organizations and the media. Because health promotion activities often suffer from a lack of rigour in planning and evaluation, clear objectives and measurable indicators of health promotion efforts will be emphasized.

56. Health sector. With its global partners, UNICEF seeks to strengthen the leadership capacities of the health sector in the area of health promotion. This includes its capacity (a) for advocacy in promoting the rights of children, adolescents and women to health and other basic human needs; (b) to disseminate essential preventive and promotive health information; and (c) for building partnerships for health action with interested constituencies outside the health sector.

57. Education sector. UNICEF also supports the education sector in the development and implementation of skills-based health education curricula in early childhood education and in primary and secondary schools. This includes support for strengthening the capacities of teachers to better enable them to communicate about health issues and teach age-appropriate health behaviour and skills. It also includes assistance for the development of extracurricular programmes in health promotion and community service.

58. Women's organizations. A continuing priority for UNICEF is to strengthen the capacities of community- and workplace-based women's organizations for health promotion activities. This includes support for the incorporation of essential health information into organizations' activities and the creation of peer support mechanisms to motivate health action. UNICEF programme support can facilitate partnerships between women's organizations and the health sector to enable women to better influence health service accessibility, to carry out joint monitoring of significant health events in their communities and to ensure a two-way flow of health information with the health sector.

59. Youth organizations. UNICEF supports the strengthening of health promotion capacities within youth organizations in partnership with parents and other community organizations. Health areas of special emphasis include child survival interventions, reproductive health promotion and the development of parenting skills. UNICEF provides assistance for training adolescents to become peer-educator trainers and to establish peer education/support programmes. Creating linkages between youth organizations and the health sector also is being given increased priority in order to make health services more youth-friendly.

60. Religious institutions. UNICEF works closely with religious institutions and leaders to promote health issues. This includes highlighting their advocacy role in the reinforcement of positive community health norms and practices and promoting partnerships with the health sector in monitoring and responding to the health needs of those particularly vulnerable or at risk.

61. News and entertainment media. UNICEF supports the creation of mechanisms to improve access of the news media to health information and story ideas to increase and improve coverage of health problems as well as the underlying societal issues which promote or hinder public health progress. Particular emphasis will be placed on building partnerships between the news media, community groups and the health sector to implement regular media monitoring of health status. UNICEF supports efforts with writers and producers in the entertainment media to incorporate health promotion themes into their programming, including those themes which promote informed dialogue and debate on sensitive cultural values and issues with health consequences.

62. Professional associations. UNICEF-assisted collaborations with professional associations of doctors, nurses, pharmacists and other health professionals seek to promote high technical and ethical standards in practices that affect the health of children, youth and women. These include helping to ensure that their colleagues disseminate accurate health information, promote appropriate health practices and provide quality health care in a manner that is responsive to individual health needs while being sensitive and respectful of cultural concerns and the moral convictions of individual clients and providers. Work with professional associations focuses on supporting their advocacy and assisting in the production of materials and guidelines for their membership and contact with the general public.

B. Essential health services

Overview

63. All children require preventive health services, and most will require curative clinical services at some time in their development. Women's needs for health services increase substantially with child-bearing. To be viable, health services need to include a mix of preventive, clinical and rehabilitation services that respond to life-threatening circumstances and disease as well as promotive activities that inform and motivate healthy behaviour. Within the overall context of PHC, Governments and communities need to define the set of affordable essential services that are requested to achieve their health objectives.

64. In recent years, particularly in countries experiencing economic stagnation or downturns, decreased national spending on public health has at times combined with the inefficient use of already scarce resources to produce chronic drug shortages, inconsistent services, the deterioration of health infrastructures, low staff motivation and, in turn, poor performance and case management. This downward spiral has resulted in a decrease in service utilization, especially by the poor, who increasingly have turned to formal, informal and sometimes illegal providers in the private sector for health care. In so doing, they frequently pay high prices for services of dubious quality, and the opportunity to provide vital preventive services is often lost.

65. Health systems everywhere are in a process of continuous evolution. Where health systems are faltering, a challenge is presented to Governments, communities and external agencies to find effective approaches and adequate resources to reform and revitalize them. Among its major responsibilities, the public sector has a fundamental role to act as an agency of greater equity and to ensure access, particularly of the poor, to high-quality essential services. The trend towards the decentralization and privatization of health services leads to the increased responsibility of local Governments in the management and financing of health services. It also results in increased awareness of the private sector potential to play a role in health sector delivery. Where health systems, public and private combined, are able to deliver essential health services effectively to the majority of the population, they still must struggle to assure universal access under cost-containment pressures.

Principles for effective action

66. Governments should help to create an environment that is conducive to the successful provision of health services by advancing policies and approaches that promote the following:

(a) National commitment to and adequate financial support for the development of universally accessible essential health services, which are required to achieve priority health objectives for children, adolescents and women;

(b) The establishment of health care financing schemes that can be operated at low cost, are adapted to the level of organization and management skills of the country, promote greater equity and increase public accountability and service delivery performance;

(c) Measures, undertaken in close collaboration with local communities, to ensure that the poorest people benefit from quality care and that financial, cultural and geographic barriers are removed;

(d) The decentralization of decision-making for the planning and management of public health services, which can greatly improve efficiency and ensure responsiveness to local health conditions and demands, provided it is accompanied by adequate resources, management and accountability;

(e) The privatization of services or contracting out of components of services where the private sector has a comparative advantage, which is desirable if it improves quality, equity and cost-efficiency;

(f) Enhancement of the quality and quantity of health workers' outputs by linking appropriate compensation to performance and by strengthening their initial training, supervision and continuing education;

(g) The generation of substantial savings through the establishment of essential drugs policies that improve the selection, acquisition and distribution of drugs and encourage their better use. A policy that combines adherence to an established national essential drugs list with the rational use of generic drugs can improve efficiency in the use of resources for health and provide consumers with low-cost treatment.

UNICEF action in essential health services

67. The UNICEF health strategy gives high priority to strengthening the capacities of Governments to ensure that essential health services for children, adolescents and women are universally available. The exact involvement of UNICEF in any country setting will depend on the capacity, effectiveness and cost-efficiency of the health system and the interventions of other partners. In each country setting, UNICEF will need to be cognizant of health system reforms taking place in order to serve as an active partner in policy dialogue and in advocating for adequate resource allocations for health.

At the basic health unit level

68. UNICEF support focuses on strengthening essential curative and preventive services, along with health education capacity, and outreach services. Health worker training is a major component of this support. UNICEF views the basic health unit as a "centre of production" where inputs are processed to provide the mix of quality services required by families to help protect their health. While most of the demand is for curative services, which cover the diagnosis and case management of most prevalent diseases, the basic health unit provides an important opportunity for the provision of preventive services and promotive action.

69. The strengthening of outreach services will continue to be stressed, building on immunization efforts. Alternate approaches to reaching underserved groups will be given high priority in operations research and demonstration activities. This will include the further development of school health service and women's community organization-based approaches. Where health units and outreach cannot provide essential health services, and where CHWs have proven to have an impact in improving health status, UNICEF will support the training and supervision of village-based volunteers and CHWs. Such support emphasizes the need for continuous and effective supervision to be carried out by the health unit.

70. In most situations in which UNICEF supports the strengthening of basic health units, it advocates that for health units to be efficient, they require explicit performance objectives, budgets based on clear sources of revenue and managerial autonomy. UNICEF also advocates for the involvement of communities in their management, financing and oversight in order to increase provider accountability towards clients. Given the important role of women as health providers in the home, the involvement of women in these processes will remain a high priority.

71. UNICEF actively promotes and supports the establishment of community financing mechanisms, especially where there are significant resource gaps that inhibit the proper functioning of local health units and where community financing provides the most equitable and accountable means of generating additional resources. These efforts are guided by the provision that funds generated by community financing remain within the control of the community.

At the district level

72. UNICEF advocates for the strengthening of district health systems that support the development of district health plans. In some settings, support is provided for the strengthening of district health management teams through the training of district managers in the planning, management and monitoring of essential health services.

73. UNICEF also advocates with government and other partners for the effective delivery of essential MCH referral services at the district level and the strengthening of facilities, equipment and health staff with adequate skills to support referral and training functions. Increasingly, UNICEF programme support may expand to include district hospitals for essential paediatric referral services and essential obstetric care required to reduce childhood and maternal mortality and morbidity. Working with partners, support will be provided for the development of innovative financing schemes to cover the high costs of essential referral services, such as care for severe pneumonia and caesarian sections, and to help ensure equitable access to those services.

At the national level

74. UNICEF advocates for an enabling policy framework and support from the central authorities necessary for basic health units and referral services to assure universal access to essential services. In many countries, this includes contributing to the formulation and expansion of national policies through training, operations research and intercountry exchanges in the areas of strategy development, financing, management and governance. UNICEF will continue to provide strategic support to national programmes in priority intervention areas. Emphasis will be on promoting strategies within these national programmes that reinforce broader public health efforts.

75. UNICEF will continue to facilitate national self-reliance for essential drugs, vaccines and health commodities by helping countries to access low-cost, high-quality products through reimbursable procurement, alternative local currency financing schemes and, where appropriate, competitive local production. Alternative approaches to the distribution of essential health commodities will be evaluated and supported, including the use of commercial distribution and social marketing.

At the global level

76. Health sector policy reform and the strengthening of health services require close collaboration between Governments and international and bilateral agencies and NGOs. Donor funding is critical to ensure sufficient resources for the universal availability of essential health services until national and local resources are sufficient to meet these needs. UNICEF will continue to work

closely with international partners, focusing its resources on those countries least able to provide essential health services.

C. Health monitoring

Overview

77. Among the most powerful strategies available to influence public health and guide action is the measurement of health status, its determinants and the processes which impact on those determinants. From the household through global levels, numerous decisions are made each day that impact on health. All health decision makers require reliable "information for action". The UNICEF nutrition strategy has described the "triple A" cycle of assessing a problem, analysing its causes and taking action based on that analysis. The application of this "triple A" approach in health, as in other sectors, is dependent on the accessibility of health monitoring information to health decision makers and on their capacity to utilize that information.

78. The organization and efficient operation of preventive, promotive and curative health services are dependent on reliable health information processes. Since the most significant decisions on the utilization of health services are made by families, health monitoring processes also should function to enhance their decision-making capabilities by making readily available the information they require to make health service choices based on quality and cost.

Principles for effective action in health monitoring

79. Efforts to strengthen health monitoring processes should be primarily user-oriented and guided by an understanding of their information needs and capacities. The following are some key considerations for effective action in health monitoring:

(a) Effective health monitoring strategies require the identification of health decision makers, including those within the family, and the minimal information they require to maximally enhance their decision-making;

(b) Health monitoring processes are more likely to be effective and sustainable if they are well understood by health decision makers and if they answer specific questions that can be analysed and acted upon at the level of inquiry;

(c) Participatory measurement approaches are more likely to have a positive impact on health by involving those who can effect health outcomes within the monitoring process. Because of their capacity to motivate, to educate and to link measurement and action, participatory approaches are effective health interventions in their own right, particularly when augmented from time to time by other more rigorous methods;

(d) When community-based monitoring involves local political and social leadership, it is more likely to increase accountability and help to direct attention and resources to those in greatest need;

(e) Sample-based, external monitoring processes such as multiple indicator cluster surveys and demographic health surveys can accurately measure health status and its determinants and serve as important measures of society's progress in health. These are essential complements to community-based monitoring systems and can provide helpful information for policy makers and decision makers.

UNICEF action in health monitoring

80. At the household level, UNICEF programme support through government and NGO partners will place greater emphasis on health monitoring processes within the family and the community. Progressively, this will include increased priority to community-based surveillance approaches which engage community political leadership in the monitoring of health status, community health goals and the responsiveness of health services to community needs. Continued emphasis will be placed on the strengthening of home health monitoring, particularly for pregnant women and young children. This includes growth monitoring and promotion, home health records for pregnancy care and planning for a safe delivery, immunization, micronutrient supplementation and other significant health events.

81. At the basic health unit level, the principal emphasis in health monitoring will be on those processes which strengthen partnerships between health workers and the community. Particular attention to community outreach will be fostered through strengthening the basic epidemiologic skills of health workers, emphasizing the enumeration of households within service catchment areas and improving the capacities of health units and outreach workers to guide community-based surveillance efforts. Further emphasis will be placed on monitoring the provision of preventive and promotive services throughout the health service catchment area, the quality of services and the allocation and use of available resources.

82. At the district level, UNICEF will promote health monitoring approaches that focus the attention of political and social organization leadership and the media on the health status of children, adolescents and women and its determinants. Efforts also will seek to strengthen local processes for setting priorities and monitoring the progress of local efforts. Priority will be on partnership-building among the health, education and public works sectors in support of community health action. To help strengthen quality assurance capacities at the district level, UNICEF will advocate for processes that monitor utilization of essential services by the most vulnerable within the community. The systematic investigation of child and maternal deaths will be emphasized in order to identify the design or quality of public health efforts.

83. At the national level, UNICEF will emphasize the strengthening of the situational analysis and ongoing monitoring capabilities required to focus political and technical attention and resources on areas of greatest need. This includes support for enhancing the capacities of health ministries and their partners for monitoring policies affecting health and the setting and monitoring of specific goals and targets. Efforts will be made to assure the complementarity of UNICEF-supported activities with Health for All monitoring of ministries of health and to develop common approaches to tracking key health indicators, together with United Nations partners. UNICEF will advocate with global partners to assist ministries in strengthening those capacities required to ensure quality in health services and to protect families from harmful drugs and commercial marketing practices which undermine healthy practices.

84. At the global level, UNICEF will continue to work closely with Governments and other partners, especially WHO, to advance the global health monitoring required for advocacy and policy development and to track progress towards the goals of the World Summit for Children. Broader dissemination and utilization of health monitoring information will be encouraged through such instruments as the State of the World's Children report and the Progress of Nations, as well as through expanded information support relationships with the global media.

V. ADAPTING TO THE DIVERSITY OF COUNTRY SITUATIONS

85. The diversity of country situations, based on epidemiology, health infrastructure, social environment, the availability of resources and opportunities, will require that each UNICEF country programme of cooperation develop the strategic mix of health promotion, health service and health monitoring strategies required to best address its particular health priorities. While UNICEF advocacy will address a range of issues in child, adolescent and women's health, the limited resources at its disposal necessitates that the scope of UNICEF programme support in a given country is more selective and strategically focused. The exact nature of UNICEF programme cooperation will be derived from the situation analysis carried out as part of the country programme exercise to determine what support can be most catalytic in helping to achieve national health goals in a way that contributes to sustainable capacity development. The investments already being made by Governments and other partners will obviously influence decisions concerning UNICEF support. Based on UNICEF experience, some patterns of support emerge in diverse country situations.

86. In countries with weak economies and a weak health sector, UNICEF emphasizes the provision of essential health services through assistance for strengthening peripheral health care facilities and outreach services. Health promotion efforts focus on essential nutrition and disease prevention information, along with home health care skills and the promotion of health care-seeking behaviour. Health monitoring priorities include the assessment of service coverage, disease reduction and other management information required to assure the efficient use of scarce health resources and to enhance community involvement.

87. In countries with adequate health infrastructure, greater emphasis is placed on the health partnership and promotion aspects of the UNICEF health strategy, along with support to first referral services and increased attention to quality care issues. Greater emphasis also is placed on vulnerable populations and geographic areas with high child mortality. In these settings, UNICEF advocacy encourages the creation and strengthening of multisectoral partnerships for health and greater emphasis on the underlying causes of ill-health.

88. Countries in economic transition require more narrowly focused support in each of the three strategic areas, with an emphasis on policy development, partnership strengthening and health status monitoring. These enable societies to be informed of negative health trends and to create a better understanding of the implications for health of policy development in other sectors. In its cooperation, UNICEF will seek to introduce approaches that are less curative care and hospital dependent and more prevention-oriented and that build on successful experiences elsewhere in such areas as the adoption of essential drugs policies and the introduction of new technologies.

89. In countries with strong economies, UNICEF efforts are oriented principally towards advocacy and health promotion, with particular emphasis on ensuring that essential health services reach the most vulnerable groups in society. Monitoring efforts focus on identifying vulnerable groups and disparities in quality assurance processes in health services.

VI. UNICEF HEALTH SECTOR ASSISTANCE IN EMERGENCY SITUATIONS

90. UNICEF advocacy seeks to draw global attention to the plight of civilian populations in emergency situations, and particularly to the health and development consequences for children. This global advocacy is carried out within the framework of the Convention on the Rights of the Child and promotes a range of health actions on the part of the global community. These include

banning anti-personnel land-mines; establishing periods of tranquillity during which child health interventions can be undertaken; expanding the use of child survival interventions in emergency settings; and raising awareness on the psychosocial and post-trauma mental health needs of children in emergencies. While UNICEF responds to health priorities in all types of emergencies, its most substantial involvement is in complex emergencies. There, health and nutrition expenditures account for approximately one third of all UNICEF emergency assistance (see table 2 above).

91. Increased emphasis will be placed on strengthening the technical content of UNICEF-supported emergency preparedness and implementation efforts in the health sector. This will be undertaken in close collaboration with WHO and other global partners. At the country level, UNICEF responds to emergencies within the framework of its mandate to help meet both the emergency as well as long-range needs of children. Working closely with DHA, UNHCR, WHO and others, UNICEF will provide assistance to Governments to strengthen their urgent planning, coordination and operational capacities in the health and communication sectors, both during and following emergencies.

92. Countries experiencing an emergency generally require immediate action and direct operational support to address the most urgent causes of illness and death. In instances where the public health system has been totally disrupted, the major priority of UNICEF, working closely with WHO, will be to help re-establish appropriate public health service structures and the management processes required to facilitate coordination among the various organizations providing urgent services. This generally requires close collaboration with NGOs to meet priority needs, while developing local capacity and establishing a basis for sustainable services in the future.

93. Health monitoring. UNICEF will participate in and support rapid, multisectoral assessments to identify the most serious threats to the health of children, adolescents and women, as well as to the population groups at particular risk. It will support the establishment and strengthening of information systems required to monitor health and nutrition status and the coverage and effectiveness of essential health services. Such information is essential to guide emergency response actions and efforts to rehabilitate public health systems.

94. Health promotion. Interventions for health promotion and communications are particularly critical in the rapidly changing circumstances of an emergency. UNICEF will support health communications activities, with a particular emphasis on personal hygiene behaviour and home health practices. This will include support to prepare and distribute essential health and nutrition information materials and the use of all appropriate communications channels, including television and especially radio.

95. Essential health services. UNICEF will provide support to help ensure the maintenance, re-establishment and/or extension of essential health services. This may include (a) assistance in supplies management and training and in positioning sufficient quantities of essential supplies at the right place and time, with special emphasis on re-establishing cold-chain operations, medical stores and distribution systems and on assuring supplies of vaccines and essential drugs; (b) critical rehabilitation of peripheral health units to assure a necessary minimum level of functioning; and (c) supervision, training and related support for local-level health managers and health workers. Assistance will be focused on supporting basic services for child health and essential obstetric care. Some assistance may, in a major emergency, also be provided to ensure the general functioning of district hospitals, in close coordination with WHO and other health agencies. Where it constitutes an important need, UNICEF will provide assistance for the strengthening of prosthetics and community-based rehabilitative services for disabled children, working with government services, NGOs and other partners.

VII. IMPLICATIONS FOR UNICEF

96. Perhaps more than in any other sector, UNICEF has a proven track record of effective cooperation in the health sector. Developing countries find the modalities of UNICEF cooperation responsive to their needs, and other partners have long recognized that UNICEF cooperation in health contributes to producing significant results with modest resources. Nevertheless, the strategies discussed in the present report provide a challenge for UNICEF to determine what more can be done, what can be done better, and what needs to be done differently in order to assist countries in their efforts to achieve their health objectives for children, adolescents and women.

97. Building on its comparative advantages, UNICEF brings to the global health its extensive field presence; action-based working relationships with Governments and the NGO sector; multisectoral linkages and community-level action orientation; flexibility of approach embodied within its country programming process; extensive programming, logistic and supply resources to draw upon; and a culture of accountability to measurable objectives. With its cross-cutting mandate for children, adolescents and women and the platform for advocacy this mandate provides, UNICEF is well positioned to address the continuing child survival priorities, the emerging health priorities of adolescents and women, and the underlying health sector reform processes required to facilitate these efforts. Throughout, the identification of priorities and strategies for UNICEF support reflects its own institutional comparative advantages, limitations and resources as well as those of the broader coalition for children that UNICEF has helped to mobilize for action within the health sector.

98. With regard to service delivery, capacity-building and empowerment, the effectiveness of UNICEF efforts in the health sector will be measured in terms of how they influence the health of children, adolescents and women, as well as how they empower local counterparts and communities to continue and sustain efforts without outside assistance. Globally and in each country programme, greater efforts will be required to strike the most strategic balance among approaches which seek to expand capacities for urgent service delivery needs and those which seek to assure efficiency and sustainability through the strengthening of technical, managerial, financial and governmental systems capacities.

99. Concerning the harmonization of efforts within UNICEF, the health strategy will be operationalized through the normal country programming process. In addition, a review of UNICEF-supported efforts in the health sector within the operational framework described will be undertaken in order to help facilitate the consolidation of programme support activities and the harmonization of their implementation strategies. The review process also will seek to promote enhanced collaboration within UNICEF among the areas of health, nutrition, education, water supply and sanitation, gender and development, children in especially difficult circumstances, programme communications, information, emergencies, supply, and evaluation and research. This will further advance the multisectoral approach to health that UNICEF is in a unique position to foster.

100. A strengthened UNICEF core technical capacity will be required at country, regional and headquarters levels in order to adequately guide and support its efforts in the health sector. The technical inputs required of increasingly complex programmes of cooperation in over 130 countries will require upgrading standards and methods of operation for the organization's cadre of approximately 200 international health professionals. Efforts to strengthen the organization's core technical capacity will include a rationalization of technical functions within UNICEF, the strengthening of mechanisms to provide state-of-the-art technical information and support to staff, and strengthened technical partnerships with collaborating agencies. The

UNICEF health cadre provides a solid base for a broader shared technical capacity with the global health partnership, especially WHO, UNFPA and the technical divisions of bilateral organizations and their national partners.

101. The rationalization of technical function within UNICEF at country, regional and global levels will be guided by the operational framework described in the present report and the need to respond to a broadening array of more complex technical issues within an increasingly constrained resource environment. At the country level, UNICEF health officers will need to expand their technical, managerial and networking skills. Substantially increased emphasis will be placed on in situ continuing education and information exchange approaches which take advantage of the rapidly expanding access to new communications technologies. At the regional level, increased emphasis will be placed on strengthening the technical networks among UNICEF country-based officers, collaborating agencies and regional institutions required to support efforts at the country level. Additional emphasis also will be placed on regional strategy development; strengthening sectoral monitoring, evaluation and peer review processes; and guiding operational research activities of significance to health programme implementation particular to the region. At the headquarters level, increased emphasis will be placed on technical partnership-building; policy analysis, development and harmonization with global partners; ongoing quality assurance of UNICEF health sector investments; and support to the interregional technical support networks required to facilitate experience sharing and the development and application of policy. Special emphasis will be placed on the continuing technical education, information exchange and materials development processes required to support the function of technical advisers in the field.

102. Strengthening technical partnerships and coordination within the United Nations system and beyond presents both opportunity and challenge to UNICEF. UNICEF will actively participate with WHO and other partners in revisiting the Health for All strategy as recommended by the forty-eighth World Health Assembly, recognizing that these deliberations will inevitably influence UNICEF work in the health field. UNICEF is already an active partner in a number of inter-agency efforts which provides important opportunities for collaboration. They include the Task Force for Child Survival and Development, the Children's Vaccine Initiative, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Inter-agency Collaboration on the Reduction of Maternal Mortality and Disability, the WHO/UNICEF Programme on Health Mapping and Geographic Information Systems and the WHO/UNICEF Joint Programme on Youth Health and Development.

103. UNICEF will place particular emphasis on strengthening technical collaboration in health at the country level. Steps to improve broader multi-agency technical collaboration and coordination will be vigorously pursued through the Theme Group mechanism established by United Nations General Assembly resolution 47/199 (22 December 1992). Together, UNICEF and WHO will review the current status of country-level technical support functions with the objective of making technical collaboration more complementary. The new UNAIDS programme provides an early and important opportunity to strengthen these efforts. While new inter-agency collaborative mechanisms offer an important opportunity for substantially improved collaboration and coordination, they also require significant investments of senior technical and managerial resources, particularly during their early development. Increased priority will be given to more effective participation in these efforts and to addressing their financial and technical resource implications. UNICEF efforts in the health sector can also benefit from and provide an effective platform for the deployment of technical resources by other agencies. Increased emphasis will be placed on staff exchanges, secondment and ongoing technical networking with United Nations agencies, bilateral agencies and their national technical partners.

104. Strengthened measurement and operational research capacities are required throughout UNICEF health sector activities if they are to continue to be current and catalytic. Multisectoral situation analyses will need to place greater emphasis on health policies related to UNICEF priorities, the status of health promotion efforts, the utilization of essential health services and their link to underlying causes of mortality and morbidity. Disparity reduction objectives will require greater emphasis on the identification and characterization of vulnerable populations and the strengthening of information management capacities at subnational levels. Improved situation analysis capacities will provide a basis for strengthening information-based advocacy at the national level, building on the examples of the State of the World's Children and Progress of Nations reports. Increased emphasis on health sector evaluation and operations research will move UNICEF offices a step closer to serving as "knowledge centres for children" at country, regional and global levels. Policy analysis and programme planning for adolescent and women's health, especially reproductive health, will need to be intensified. Expanded operations research efforts in this area will facilitate the ongoing refinement of operational strategies that can be implemented on a large scale.

105. In its supply operations, UNICEF will continue to work closely with manufacturers and suppliers of health commodities required for household health action and the delivery of essential health services. More emphasis will be placed on assisting countries to achieve greater independence through innovative financing mechanisms and accessing economies of scale in the global market place through UNICEF procurement services. The Vaccine Independence Initiative and the Essential Drugs Capital Fund, which address some of the needs of countries facing foreign currency difficulties, will serve as a basis for further expansion to include other essential health commodities.

106. UNICEF financial procedures require greater flexibility to enable cost-saving actions such as the stockpiling of selected health commodities and multi-year contracting of vaccines and drugs for the purpose of price stabilization and to facilitate rapid and timely provision to countries. In countries with weak public systems, UNICEF will require further flexibility to work with partners in establishing mechanisms to better utilize community-generated funds for health, particularly for the provision of essential drugs and other commodities. This will receive special emphasis where these mechanisms are the only recourse poor communities have for using their own resources for purchasing essential health commodities.

107. With regard to resource mobilization and utilization, the demand for UNICEF programme assistance in the health sector is likely to increase through the end of the decade even as general resources allocations for health are likely to remain at or somewhat below current levels. UNICEF will need to respond with more strategic resource utilization, combined with greater emphasis on resource mobilization, within the health sector. In its efforts to raise supplemental funds, UNICEF will need to develop a stronger capacity to advocate and fund-raise around specific goals, while programming in a more integrated fashion. In its dialogue with developing country and donor Governments, UNICEF will continue to advocate for increased allocations for basic human needs, as outlined in the 20/20 initiative. In its country programmes of assistance, UNICEF implementation modalities will seek to be more highly leveraged, placing increased emphasis on cost-recovery approaches, self-financing mechanisms and procurement services. Less emphasis will be placed on direct cash assistance and programme financed consumable supplies. Greater emphasis also will be placed on co-financing mechanisms with development partners, including the multilateral banks and bilateral development agencies.

VIII. DRAFT RECOMMENDATION

108. The Executive Director recommends that the Executive Board adopt the following draft recommendation:

The Executive Board,

Having reviewed the revised report on the health strategy for UNICEF (E/ICEF/1995/11/Rev.1),

Noting with satisfaction UNICEF efforts to support countries to achieve their health goals for children by implementing national programmes of action and encouraging progress towards reaching the World Summit for Children goals,

1. Endorses the framework for health sector action, the continuing and emerging priorities for UNICEF action described, as well as the development and emergency programme strategies for health presented in the report;

2. Urges UNICEF to participate actively with WHO and other partners in the review and updating of the Health for All strategy; to review implementation of the UNICEF health strategy and progress towards the World Summit for Children health goals in light of the revised Health for All strategy; and to report to the Executive Board;

3. Encourages UNICEF to continue:

(a) To give high priority to support programmes aimed at controlling and preventing diseases and health conditions that are major causes of death and disability among children, adolescents and women and for which cost-effective strategies exist;

(b) To promote a partnership of Governments, civil society and communities to meet the health needs of children, adolescents and women, with an emphasis on enabling individuals and families to take health action, promoting a healthy public policy and creating a supportive social environment for health and monitoring health status and its determinants;

(c) To support countries in their efforts to establish national health goals and to adapt global health goals and strategies for children and women to the diversity of situations based on epidemiology, the capacity and development of health systems, socio-economic conditions, environmental features and the feasibility of cost-effective actions on a large scale;

(d) To promote, with national and international partners, cost-effective approaches to ensure universal, equitable and sustainable access to essential health care services for children, adolescents and women;

(e) To focus, in emergency situations, on the essential health needs of children, adolescents and women within the framework of the response of the United Nations to emergencies;

4. Urges UNICEF to put a greater emphasis in its programmes on:

(a) Participating actively in advocacy, analysis and dialogue to promote appropriate national policies, priority-setting and resource allocations for meeting the health needs of children, adolescents and women;

(b) Addressing women's health needs, in particular their reproductive health needs, including safe motherhood and family planning, and with a special focus on strengthening the capacities of women to make informed health choices and relating these efforts to the broader objective of improving women's status in society;

(c) Promoting adolescent health and development as an important approach for enabling young people to protect and promote their own and their future children's health and for addressing youth health problems, including their reproductive health, the prevention of substance abuse and the reduction of violence;

5. Requests the Executive Director to assess and adopt measures necessary to strengthen UNICEF capacities to play its role effectively in promoting the health of children, adolescents and women in the changing global context.

Annex I

RECENT DOCUMENTS SUBMITTED TO THE EXECUTIVE BOARD RELATED TO THE UNICEF HEALTH STRATEGY

Reference	Subject
E/ICEF/1990/L.3	Revitalizing primary health care/maternal and child health: the Bamako Initiative
E/ICEF/1990/L.5	Development goals and strategies for children: priorities for UNICEF action in the 1990s
E/ICEF/1990/L.6	Strategy for improved nutrition of children and women in developing countries
E/ICEF/1990/L.13	Safe motherhood
E/ICEF/1991/P/L.41	Establishment of a vaccine independence initiative
E/ICEF/1992/L.7	UNICEF health policies and strategies: sustainability, integration and national capacity-building
E/ICEF/1992/L.11	UNICEF programme approach to the prevention of the human immunodeficiency virus/acquired immunodeficiency syndrome
E/ICEF/1992/L.12	Controlling acute respiratory infections: strategies for the 1990s
E/ICEF/1992/L.20	Experience to date of implementing the Bamako Initiative: a review and five country case studies
E/ICEF/1993/L.2	Children, environment and sustainable development: UNICEF response to Agenda 21
E/ICEF/1993/L.3	Progress report on the Children's Vaccine Initiative
E/ICEF/1993/L.5	UNICEF policy on family planning
E/ICEF/1993/L.10	Progress report on UNICEF programme activities in the prevention of the human immunodeficiency virus and in reducing the impact of acquired immune deficiency syndrome on families and children
E/ICEF/1994/3 and Corr.1	Medium-term plan for the period 1994-1997
E/ICEF/1994/L.5	Gender equality and empowerment of women and girls: a policy review
E/ICEF/1994/L.14	UNICEF support to the proposed United Nations joint and co-sponsored programme on human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)
E/ICEF/1994/L.15	Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) programme

Annex II

RECENT WORLD HEALTH ASSEMBLY RESOLUTIONS MOST RELEVANT TO THE UNICEF HEALTH STRATEGY

Reference	Subject
WHA46.18	Maternal and child health and family planning for health
WHA46.33	Eradication of poliomyelitis
WHA47.5	Infant and young child nutrition
WHA47.9	Maternal and child health and family planning: quality of care
WHA47.10	Maternal and child health and family planning: traditional practices harmful to the health of women and children
WHA47.32	Onchocerciasis control through ivermectin distribution
WHA48.10	Reproductive health: WHO's role in the global strategy
WHA48.12	Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child
WHA48.13	Communicable disease prevention and control: new, emerging, and re-emerging infectious diseases
WHA48.16	WHO response to global change: Renewing the health-for-all strategy
A/RES/36/43	Global Strategy for Health for All by the Year 2000

Annex III

SELECTED HEALTH GOALS ENDORSED BY THE WORLD SUMMIT FOR CHILDREN

I. Major goals for child survival, development and protection

(a) Between 1990 and the year 2000, reduction of infant and under-five child mortality rates by one third or to 50 and 70 per 1,000 live births, respectively, which ever is less;

(b) Between 1990 and the year 2000, reduction of maternal mortality rate by one half;

(c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by one half;

(d) Universal access to safe drinking water and to sanitary means of excreta disposal;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;

(f) Reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least one half its 1990 level, with emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances.

II. Supporting health goals

A. Women's health and education

(i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;

(ii) Access by all couples to information and services to prevent pregnancies that are too closely spaced, too late and too many;

(iii) Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies.

B. Nutrition

(i) Reduction of iron deficiency anaemia in women by one third of the 1990s levels;

(ii) Virtual elimination of iodine deficiency disorders;

(iii) Virtual elimination of vitamin A deficiency and its consequences, including blindness;

(iv) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year.

C. Child health

(i) Global eradication of poliomyelitis by the year 2000;

(ii) Elimination of neonatal tetanus by 1995;

(iii) Reduction by 95 per cent of measles deaths and reduction by 90 per cent of measles cases, compared to pre-immunization levels, by 1995, as a major step towards the global eradication of measles in the longer run;

(iv) Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis and against tetanus for women of child-bearing age;

(v) Reduction by 50 per cent in deaths caused by diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate;

(vi) Reduction by one third in deaths caused by acute respiratory infections in children under five years of age.

Annex IV

KEY HEALTH PROVISIONS IN THE CONVENTION ON THE RIGHTS OF THE CHILD

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children and emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate prenatal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to health of children.

4. States Parties undertake to promote and encourage international cooperation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.